

WATER WELL REPORT

STATE OF WASHINGTON

Water Right Permit No.

Start Card No.

(1) OWNER: Name FIRE DIST 5 - J. Roberts Address WANAMAKER Rd Coup 9823

(2) LOCATION OF WELL: County ISLAND NW SE Sec 18 T 31 N. R 2E W.M.

(2a) STREET ADDRESS OF WELL (or nearest address) WANAMAKER RD

(3) PROPOSED USE: ☒ Domestic ☐ Industrial ☐ Municipal ☐
☐ Irrigation ☐ Test Well ☐ Other ☐
☐ DeWater

(4) TYPE OF WORK: Owner's number of well (if more than one) 1
Abandoned ☐ New well ☒ Method: Dug ☐ Bored ☐
Deepened ☐ Cable ☒ Driven ☐
Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 353 feet. Depth of completed well 353 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6 " Diam. from 0 ft. to 343 ft.
Welded ☒ " Diam. from _____ ft. to _____ ft.
Liner installed ☐
Threaded ☐ " Diam. from _____ ft. to _____ ft.

Perforations: Yes ☐ No ☒

Type of perforator used _____

SIZE of perforations _____ in. by _____ in.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.

Screens: Yes ☒ No ☐

Manufacturer's Name Johnson

Type STAINLESS Model No. 304

Diam. 6 Slot size 10 from 343 ft. to 348 ft.

Diam. 6 Slot size 14 from 348 ft. to 353 ft.

Gravel packed: Yes ☐ No ☒ Size of gravel _____

Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes ☒ No ☐ To what depth? 10 + ft.

Material used in seal BENTONITE

Did any strata contain unusable water? Yes ☐ No ☒

Type of water? _____ Depth of strata _____

Method of sealing strata off _____

(7) PUMP: Manufacturer's Name _____

Type: _____ H.P. _____

(8) WATER LEVELS: Land-surface elevation above mean sea level 300 + ft.

Static level 313' ft. below top of well Date Sept 91

Artesian pressure _____ lbs. per square inch Date _____

Artesian water is controlled by _____ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? Yes ☐ No ☐ If yes, by whom? _____

Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.

" " " " " "

" " " " " "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level
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Date of test _____

Bailer test 20 gal./min. with 15 ft. drawdown after 4 hrs.

Airtest _____ gal./min. with stem set at _____ ft. for _____ hrs.

Artesian flow _____ g.p.m. Date _____

Temperature of water _____ Was a chemical analysis made? Yes ☐ No ☐

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

MATERIAL	FROM	TO
HARD PAN	0	57
CLAY GRAY	57	115
SANDY - DRY	115	150
GRAVEL	150	185
CLAY	185	220
GRAVEL CLAY	220	306
HARD PAN	306	341
WATER SAND-GRAVEL mix	341	353

RECEIVED

NOV 19 1991

ISL. CTY. HEALTH DEPT

ISLAND COUNTY WELL SITE
APPROVED

RECEIVED

SEP 25 1991

DEPT. OF ECOLOGY

Work started Sept, 19. Completed Sept, 19 91

WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME WHIDBEY DRILLERS
(PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address OAK HARBOR WA

(Signed) Donna Jala License No. 129
(WELL DRILLER)

Contractor's Registration No. WAD209MM Date Sept, 19 91

(USE ADDITIONAL SHEETS IF NECESSARY)

